

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-048490

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 160 Primary Registration District No. 559v Registrar's No. 173

FILED DEC 26 1963

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY Jefferson   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Mo. b. COUNTY Jefferson                                   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>Rural Joachim   |   | Length of stay in lb<br>3 weeks   | c. CITY OR TOWN Festus   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION Jefferson Memorial Hospital   |   | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br>320 N. Adams      |
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br>Margaret D. Govero   |   | 4. DATE OF DEATH<br>Month Day Year<br>Dec. 13, 1963   |  |
| 5. SEX F   | 6. COLOR OR RACE W  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 8/8/1881  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Housewife   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br>-----  | 9. AGE (last birthday) 82  |
| 11a. FATHER'S NAME<br>Nathan Day   |   | 11b. MOTHER'S MAIDEN NAME<br>Rebecca Marler   | 12. CITIZEN OF WHAT COUNTRY<br>USA                                 |
| 13. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br>no  |   | 14. NAME OF HUSBAND OR WIFE<br>Jerome B. Govero   |  |
| 15. SOCIAL SECURITY NO.<br>-----   |   | 16. INFORMANT<br>Mrs. Margaret Miller, Festus, Mo.  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Arteriosclerotic heart disease</u><br>DUE TO (b) <u>Generalized arteriosclerosis</u><br>DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>Diabetes mellitus</u> |   |   | INTERVAL BETWEEN ONSET AND DEATH                                   |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>         | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |  |
| 20c. TIME OF INJURY<br>Hour a.m. p.m.<br>Month, Day, Year  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> |   |  |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   |   | 20f. CITY, TOWN, OR LOCATION COUNTY STATE   |  |
| 21. I attended the deceased from <u>Oct 13, 1963</u> to <u>Dec 12, 63</u> and last saw her alive on <u>Dec 12, 1963</u><br>Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.  |   |   |  |
| 22a. SIGNATURE (Degree or title)<br><u>Boithun Bolger MD</u>   |   | 22b. ADDRESS<br><u>Festus, Mo</u>   | 22c. DATE SIGNED<br><u>12/14/63</u>                                |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial  | 23b. DATE<br>12/16/1963   | 23c. NAME OF CEMETERY OR CREMATORY<br>Catholic  | 23d. LOCATION (City, town, or county) (State)<br>Crystal City, Mo. |
| 24. FUNERAL DIRECTOR<br>Vinyard Funeral Homes, Festus, Mo.   |   | 25. DATE RECD. BY LOCAL REG.<br>12-16-63  | 26. REGISTRAR'S SIGNATURE<br><u>John G. Fisher</u>                 |

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by LEROY J. LUCAS, Student Embalmer No. 697  
working under my personal supervision.

Student

Leroy Lucas  
Signature of Student Embalmer

Signed

Thos B. Vinyard

Licensed Embalmer No. 4976

P. O. Address Festus, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.